

**CERTIFICATION**

**APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.**

1. I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements appearing on this or any other employment form will be sufficient reason for dismissal from the services of this company.
2. If employed, I will abide by the existing rules of this Company and will abide by such rules and regulations as may become effective while I am employed.
3. I also understand that the consideration of my application does not constitute an obligation to offer employment.
4. It is understood and agreed that this employment is not for any definite period or succession of periods, and that the Company or myself may terminate it at any time without any notice.

**MEDICAL TESTING AND RELEASE OF  
MEDICAL REPORTS AND RECORDS**

I understand that a general physical examination/drug screen may be required as part of my application for employment for the sole purpose of determining my physical fitness for the job or jobs for which I am applying. If such a physical examination/drug screen is required, it will be performed by a medical doctor selected by the Company. I hereby agree to submit to any physical examination/drug screen deemed necessary by the Company and I specifically authorize the doctor selected by the Company to release all results of this examination to the Company.

I further understand that if the Company employs me, I may be required to submit to periodic physical examination/drug screen for the sole purpose of determining my physical fitness for continued employment. If any physical examination/drug screen deemed necessary by the Company is required it will be performed by a doctor selected by the company. I hereby agree to submit to such examination/drug screen to the Company. This authorization shall remain valid for sixty days from this day or if I am accepted for employment for the entire term of that employment.

I hereby release the Company, it's parent and affiliated companies, and their officers, forgoing from any and all liability arising out of the physical examination and / or any other testing encompassed by this authorization and release. I understand that I have a right to receive a copy of this authorization upon request.

***I HAVE READ AND UNDERSTAND THE ABOVE***

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**APPLICATION OF EMPLOYMENT**  
**TEXAS METALS & RECYCLING COMPANY INC.**  
**2989 PINE ST ABILENE, TEXAS 79601**  
**325-672-8585**

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

***Note:** Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.*

**POSITION APPLYING FOR:** \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_  
First Name Middle Initial Last Name

Current Address:

\_\_\_\_\_  
Street and Apt. # City State Zip Code

Permanent Address (if different from above):

\_\_\_\_\_  
Street and Apt. # City State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

**Yes**       **No**

If applicable, please list your visa type, visa # and expiration: \_\_\_\_\_

\_\_\_\_\_  
Have you ever been convicted of a crime?       **Yes**       **No**

If you answered yes, please explain:

\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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Have you ever served in the U.S. Military?     **Yes**         **No**

If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_

I served from \_\_\_\_\_ to \_\_\_\_\_.

Special Honors:

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Present or Most Recent Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## **EDUCATION**

### *High School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No      Attended from \_\_\_\_\_ to \_\_\_\_\_.

If you did not graduate, did you receive your GED?  Yes  No

Special honors or awards: \_\_\_\_\_

### *Technical or Vocational School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No      Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_      Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### *College or University*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No      Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree: \_\_\_\_\_      Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### *College or University*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No      Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree: \_\_\_\_\_      Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**POSITION INFORMATION:**

***Position Specifications***

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  **Yes**  **No**

Are you willing to travel for the job?  **Yes**  **No**

When would you be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

***Skills***

Please describe any skills you have in the following areas:

Computer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages Spoken (other than English):

\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_